

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 10/088774 FILING DATE

APPLICANT(S)

6/8/05

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
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35	1			
36	1			
37	1			
38				
39	1			
40	1			
41	1			
42	1			
43	1			
44	1			
45	1			
46				
47	1			
48				
49				
50				
TOTAL IND.	2			
TOTAL DEP.	18			
TOTAL CLAIMS	20			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								

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